N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40441

1. PLACE OF DEATH
County: Ray — Registration District No.: 744 — File No.: 40441
Township: Richmond — Primary Registration District No.: 3035 — Registered No.: 139
City: Richmond (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Marietta Hughes
(a) Residence, No. ..... Richmond St., Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Julius Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 19, 1857
7. AGE: YEARS 77 — MONTHS 3 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson County Missouri.

FATHER
13. NAME: Dr Horace W. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER
15. MAIDEN NAME: Charlotte A. Aughinebaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mary Lands

17. INFORMANT (ADDRESS): Mr Julius Hughes Richmond Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: December 2, 1934
19. UNDERTAKER (ADDRESS): D. W. Mansur Richmond Missouri
20. FILED: 1-9, 1935 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h..... alive on Nov. 29, 1934. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
95C	

Other contributory causes of importance:
Arteria-Sclerosis

Name of operation: none Date of .....
What test confirmed diagnosis? clinic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. E. Gay Coroner M.D.
(Address) Richmond Mo